

State of New Mexico

Voucher Batch Report

BusinessUnit 66500 Department of Health

Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/PCD

AsOfDate 10/25/2012

Voucher Vchr VchrlneDescr

Distr Account

Account

Fund

VendorName

1099

Accounting Period

PurchaseOrder Invoice Number

Total Amount

Number Line

Line#

Description

Withhold

Year

Month

00313605 1 I/S Meals & Lodging 1 542200 Employee I/S Meals & L 06101 ADAMS RICH-001 2013 10 0000093549 Adams, 9.30-10.3

Total For Voucher

435.00
















0000008708 10-20-12

Summary Invoice Information Payments Voucher Attributes Error Summary

Business Unit: 66500 Invoice Number: Adams, 9.30-10.3.12  
 Voucher ID: 00313605 Invoice Date: 10/22/2012  
 Voucher Style: Regular Total: 435.00

Vendor: ADAMS, RICHARD B  
 RUIDOSO PUBLIC HEALTH OFFICE  
 RUIDOSO, NM 88345  
 Pay Terms: Pay Now Schedule Payments  
 Saved

Payment Information		Find	View All	First	1 of 1	Last
Scheduled Payment:	1					
*Remit to:	0000097303					
Location:	001					
*Address:	1					
ADAMS, RICHARD B RUIDOSO PUBLIC HEALTH OFFICE 103 KANSAS CITY RD RUIDOSO, NM 88345						
Gross Amount: USD Discount: USD Discount Denied Late Charge						
Scheduled Due: 10/22/2012						
Net Due. Discount Due. Accounting Date						
Payment Method *Bank: *Account: *Method: *Netting:						
ACH						
Message:						
Message will appear on remittance advice.						

<b>Summary</b>		<b>Invoice Information</b>		<b>Payments</b>		<b>Voucher Attributes</b>		<b>Error Summary</b>	
Business Unit:		66500		Invoice Number:		Adams, 9.30-10.3.12			
Voucher ID:		00313605		Invoice Date:		10/22/2012			
Voucher Style:		Regular		Total:		435.00			
<b>Voucher Processing</b>									
<input checked="" type="checkbox"/> Post Voucher <input type="checkbox"/> Close Voucher									
<input checked="" type="checkbox"/> Revalue Voucher <input type="checkbox"/> Delete Voucher									
<b>Accounting Instructions</b>									
*Accounting Template: STANDARD  Account At: Gross 									
<b>Match Action</b>									
*Status: Matched 									
<input type="checkbox"/> Pay UnMatched Voucher									
<b>Transaction Currency</b>									
*Source: Tables  *Currency: USD  Rate Type: CRRNT  Exchange Rate: 1.00000000									
<b>Voucher Approval</b>									
*Approval: Specify at this Level  Business Process: PROCESS_VOUCHERS 									
Approval Rule Set: Payment Approval Rule Set 1 									
<b>Self Billing Invoice</b>									
*SBI Num Option: Group Vouchers (Auto-  SBI Number: 									
<b>Prepayment</b>									
Prepayment Reference:   Automatically Apply Prepayment <input type="checkbox"/> Postpone Withholding <input type="checkbox"/>									
<b>Letter of Credit</b>									
Letter of Credit ID:  									
<b>Tax Group</b>									

AGENCY NAME New Mexico Department of Health

STATE OF NEW MEXICO  
ITEMIZED SCHEDULE  
OF TRAVEL EXPENSES

PAGE 2

DATE 9/30/12

AGENCY CODE 66500

VOUCHER NUMBER

00313605

NAME Richard Adams

CAR LICENSE NUMBER GS1984

SOCIAL SECURITY NUMBER 97303

MODEL Nissan

NORMAL WORK DAY 8am to 5pm

YEAR 2011

POST OF DUTY  
Ruidoso

PROPOSED  
(ADVANCE VOUCHER)

☐

RESIDENCE  
Ruidoso

ACTUAL  
(RECOUPMENT VOUCHER)

☒

DATE DEPARTURE ARRIVAL

CHARACTER OF EXPENDITURES

ODOMETER READINGS

AMOUNTS

ENTER DESTINATION, NATURE, OF OFFICIAL BUSINESS, PARTY CONTACTED AND MISCELLANEOUS

ENTER START AND FINISH

NO OF MILES

MILEAGE

PER DIEM

MISCELLANEOUS

TOTALS

9/30/12 7:00am

Depart Ruidoso to Santa Fe to meet with Interim Cabinet Secretary Overnight Santa Fe rates apply\*

135.00

135.00

135.00

135.00

135.00

135.00

10/1/12

Overnight Santa Fe rates apply\*

135.00

135.00

135.00

135.00

135.00

135.00

10/2/12

Overnight Santa Fe rates apply\*

135.00

135.00

135.00

135.00

135.00

135.00

10/3/12

7:00 pm Depart Santa Fe to Ruidoso partial day per diem-12.0 hrs

30.00

30.00

30.00

30.00

30.00

30.00

PER DIEM IS BASED ON (CHECK ONE)

ACTUAL

☐

APPROVED RATES

☒

Employee Signature

Date

I certify that any payment sought on this voucher does not include reimbursement for alcoholic beverages; I further certify that no further payment will be sought for the travel/training covered by this voucher.

TOTALS

435.00

435.00

Advance Amount @ 80%

435.00

435.00

Adjusted Reimbursement

435.00

435.00

☒ Check here if this claim is in compliance with the Nonroutine Reassignment provisions of the DFA regulations Governing the Per Diem and Mileage Act.

GENERATED BY DOIT - ITEMIZED version 1.0.2

LAST MODIFIED ON: 10/03/2012 13:31

(1) DFA COPY

(2) ACCOUNTING COPY

(3) VENDOR REMITTANCE

(4) ORIGINATOR COPY

I, Richard Adams  
do solemnly swear that the above claim for reimbursement is just and truly all respects and complies with the  
DFA Regulations Governing the Per Diem and Mileage Act.  
PAYEE SIGN HERE X

# New Mexico Department of Health Travel and Training Request Form

<b>Employee Information</b>	Employee Name:	Richard Adams	Position:	CMO
	Department ID and Fund:	6001001000	Telephone:	505-629-7496
	Post of Duty:	Ruidoso	Residence:	Ruidoso

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

<b>Vehicle Information</b>	<input checked="" type="checkbox"/> Check if state vehicle		<input type="checkbox"/> Check if personal vehicle		License #: GS1984	
	Year: 2011	Make: Nissan	Model: Altima			

<b>Trip/Training Information</b>	Please provide agendas, itineraries and any relevant documents.				
	Course Name: Meeting with Cabinet Secretary in Santa Fe.				
	<input checked="" type="checkbox"/> Check if training is required		<input type="checkbox"/> Check if Continuing Education credits will be granted		

<b>Travel Information</b>	Date of Request: 09/28/12		Destination: Santa Fe		
	Departure Date: (month/day/yr) 09/30/12	Time: 07:00 AM	Return Date: (month/day/yr) 10/3/12	Time: 07:00 PM	
	<input checked="" type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Training <input type="checkbox"/> Time Only <input type="checkbox"/> *Actuals <input type="checkbox"/> No cost to State/Paid By:				

\* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

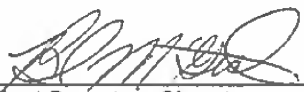
546700: Subscription/Annual Dues		542100: In-State Mileage: @ .41 per mile	\$ 0.00
546800: Registration – Employee		542200: In-State Per Diem: @ \$85/day	\$ 0.00
546800: Registration – Vendor		Santa Fe Only: 3 @ \$135/day	\$ 405.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem: @ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals: @ /day	\$ 0.00
Baggage Fee		With meals: @ \$45/day	\$ 0.00
Shuttle Fee		Partial day: @ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day: @ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day: 1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mile	\$ 0.00	Total reimbursement to employee	\$ 435.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip	\$ 435.00
Car Rental: days @ per day	\$ 0.00		

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.


10/17/12  
 \_\_\_\_\_  
 Employee Signature Date

\_\_\_\_\_  
 Supervisor/Bureau Chief Signature Date

\_\_\_\_\_  
 Division Director/Hospital Administrator Date  
 (As per specific division requirements)


10/12/12  
 \_\_\_\_\_  
 Cabinet Secretary Signature Date  
 (To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)